

**Your Claim Form
must be submitted
online or
received by:
March 31, 2025**

Leventhal, et al. v. Streamlabs, LLC
Case No. 3:22-cv-01330-LB (N.D. Cal.)

STR-CLAIM

SETTLEMENT CLAIM FORM

GENERAL INSTRUCTIONS

You are eligible to submit a Claim Form if you are a Settlement Class Member.

The **Settlement Class includes**: All Persons in the United States who, during the period March 3, 2018 through May 17, 2022, were enrolled in a Streamlabs Pro automatic renewal subscription after adding a GIF or effect to their donation and were then billed a monthly charge for the subscription (after their first charge for their initial GIF or effect).

The **Settlement Class excludes**: (1) all officers, directors, and employees of Streamlabs and members of their families; (2) all officers, directors, and employees of Logitech and members of their families; (3) the Mediator, and any member of his immediate family; (4) any government entity; (5) any Settlement Class Members who have received refunds of all the monies that they paid for their Streamlabs Pro subscriptions; (6) any Persons who timely opt out of the Settlement Class; and (7) Honorable Laurel Beeler, and any member of her immediate family. The Settlement Class does not include Persons who paid only the initial fee for their GIF or effect.

SETTLEMENT CLASS MEMBER BENEFITS

If you file a valid claim, you will receive, via electronic payment, a *pro-rata* share of the Net Settlement Fund, based on the number of monthly payments you made during the Class Period (other than the initial enrollment fee), less the amount of any refunds for any of those monthly payments you have already been sent, up to a full refund per valid claim of any charges beyond the initial charge paid to Streamlabs for Streamlabs Pro.

SUBMITTING A CLAIM FORM

You can submit a Claim Form online at www.StreamlabsClassActionSettlement.com or by completing and submitting this Claim Form by mail to: Streamlabs Class Action Settlement, c/o Claim Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103. The deadline to submit your Claim Form online is **MARCH 31, 2025**. You must mail your Claim Form, so it is **received no later than MARCH 31, 2025**.

If your Claim Form is incomplete or missing information, the Claim Administrator may contact you for additional information. If you do not respond and your claim is denied, you will not receive a settlement payment. If you have any questions, please contact the Claim Administrator by email at info@StreamlabsClassActionSettlement.com or by mail at the address listed above.

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I. CLAIMANT CONTACT INFORMATION

Provide your contact information below. It is your responsibility to notify the Claim Administrator of any changes to your contact information after the submission of your Claim Form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID Number*

* If you received a Notice about this Settlement via email, provide the Notice ID number.

II. INFORMATION ABOUT YOUR STREAMLABS PRO SUBSCRIPTION

(a) During the period of March 3, 2018 through May 17, 2022, were you enrolled in a Streamlabs Pro automatic renewal subscription in the United States?

Yes, I was enrolled

No, I was not enrolled

(b) If the answer to the above Question is "Yes", did you intend to subscribe to a Streamlabs Pro subscription?

Yes, I intended to subscribe to the Streamlabs Pro subscription

No, I did not intend to subscribe to the Streamlabs Pro subscription

(c) If you did not intend to subscribe to the Streamlabs Pro subscription, please provide the **# of monthly renewal payments that you made that were not refunded** during the period of March 3, 2018 through May 17, 2022. *Do not include the first payment since it was not a renewal.*

Number of Monthly Renewal Payments Made That were Not Refunded: _____

(d) Please provide the email address that was associated with your Streamlabs Pro subscription during the period of March 3, 2018 through May 17, 2022.

Email Address: _____

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III. PAYMENT SELECTION

Please select **one** of the following payment options:

- PayPal** - Enter your PayPal email address: _____
- Venmo** - Enter the mobile number associated with your Venmo account: _____ - _____ - _____
- Zelle** - Enter the mobile number or email address associated with your account: _____
- Virtual Prepaid Card** - Enter your email address: _____
- ACH Transfer** (*Available for online claims only*)

Please contact the Claims Administrator to request a paper check.

IV. CERTIFICATION & SIGNATURE

BY SIGNING AND SUBMITTING THIS CLAIM FORM, YOU OR YOUR AUTHORIZED REPRESENTATIVE ACTING ON YOUR BEHALF CERTIFY AS FOLLOWS:

- I am a natural person residing in the United States who made one or more monthly payment(s) for a Streamlabs Pro subscription during the Class Period which was not refunded by or on behalf of Streamlabs Pro;
- I have read the Notice and Claim Form, including the descriptions of the Releases provided for in the Settlement Agreements;
- I am a Settlement Class Member and am not one of the individuals or entities excluded from the Settlement Class;
- I have not submitted a Request for Exclusion;
- I entered into the Streamlabs Pro subscription associated with this Claim Form for myself and not as an agent of another, and have not assigned my Settled Claims to another, and have not submitted another claim on my behalf in this Settlement;
- I submit to the jurisdiction of the United States District Court for the Northern District of California with respect to my claim and for purposes of enforcing the Releases set forth in any Judgment(s) that may be entered in the Action;
- I agree to furnish any additional information with respect to this Claim Form as the Claims Administrator or the Court may require, and the failure to do so may result in the denial of my Claim;
- I acknowledge that I will be bound by and subject to the terms of the Judgments that will be entered in the Action if the Settlement is approved; and

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- I understand that any trial by jury and any right of appeal or review of the Court's determination with respect to my Claim are waived.

UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE AND THAT THE DATA SUBMITTED IN CONNECTION WITH THIS CLAIM FORM ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature: _____ **Printed Name:** _____

Date: ___/___/_____

QUESTIONS?

If you have any questions or if you would like to request a paper check, please contact the Claim Administrator by email at info@StreamlabsClassActionSettlement.com or by mail at: Streamlabs Class Action Settlement, c/o Claim Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.